



CITY OF GROVE CITY
4035 Broadway
Grove City, Ohio 43123
(614) 277-3000
Fax (614) 277-3011
www.ci.grove-city.oh.us

RECEIVED

JUN 27 2016

GC PLANNING COMMISSION

CERTIFICATE OF APPROPRIATENESS
APPLICATION
FEE \$50.00

Date Submitted _____

PROJECT INFORMATION

BUSINESS NAME <u>Roach Enterprises</u>	BUSINESS ADDRESS <u>3448 Park St</u>
PARCEL TAX ID # <u>040-000109</u>	CURRENT ZONING <u>CBD</u>
PROPERTY OWNER(S) <u>BJ Roach Trust</u>	DAYTIME TELEPHONE # <u>614-539-1234</u>
MAILING ADDRESS <u>3980 Broadway Grove City, OH 43123</u>	
NAME OF APPLICANT (IF DIFFERENT FROM OWNER) <u>CHRIS ROACH</u>	DAYTIME TELEPHONE # <u>614-539-1234</u>
MAILING ADDRESS <u>3980 Broadway Grove City, OH 43123</u>	

TYPE OF REQUEST

EXTERIOR BUILDING ALTERATIONS OR MODIFICATIONS APPEAL _____ (SEE PAGE 2 OF 5)	HPA CERTIFICATE OF APPROPRIATENESS <u>X</u> (SEE PAGE 3 OF 5)	HPA SIGN APPROVAL _____ (SEE PAGE 4 OF 5)	HPA PORTABLE SIGN APPROVAL _____ (SEE PAGE 5 OF 5)
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I, CHRIS ROACH, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant [Signature]

Date 6/27/16

Signature of Owner [Signature]

Date 6/27/16

FOR OFFICE USE ONLY

DATE RECEIVED <u>6/27/16</u>	PAYMENT RECEIVED/AMOUNT <u>\$50.00</u>	CHECK NUMBER <u>4876</u>
RECEIVED BY <u>mk</u>	PROJECT ID# <u>201606270040</u>	
DATE SCHEDULED FOR PLANNING COMMISSION		PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____